

Foster Family Home - Corrective Action Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA

Review ID: 1-090104-4

91-1082-A Kauiki Street

Reviewer: Sue Lo

Ewa Beach

HI

96706

Begin Date: 8/7/2017

End Date:

8/9/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 8/7/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/7/2017

6 (d)(1) see applicable sections of this review.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) Lapsed on eCrime: Due on/before 7/6/17 - was done 7/12/17 for CG#3.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN): Due on/before 7/8/17 was done 7/17/17 for CG#3.

SGL
Compliance Manager

J. Gamiao
Primary Care Giver

8/7/2017
Date

08-07-17
Date

6/8/17

Written plan of correction
7.1 (a) (1) and 7.1 (a) (2)

- CG No. 3 will not lapse in ECrime
and APS/CAN anymore in the future
because the home has a reminder
calendar for the all requirements before
due date & train household member to
help with any requirements before
the due date

jpgamias

91-1082-A Kaula St.

Ewa Beach HI.

96706